

PTO/SB/82 (04-05)

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## **REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY** AND

**CHANGE OF CORRESPONDENCE ADDRESS** 

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Application Number	09/676,448				
Filing Date	September 29, 2000				
First Named Inventor	Cartwright				
Art Unit	3621				
Examiner Name	Hewitt, II, Calvin				
Attorney Docket Number	CRTW-0004				

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR								
I hereby appoint the practitioners associated with the Customer Number:								
Please change the correspondence address for the above-identified application to:								
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I am the:  Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR/3.71.  Statement under AF CFR 3.73(b) is enclosed—(Form PTO/SB/96)								
SIGNATURE of Applicant or Assignée of Record								
Signature fluid with the signature of th								
Name Shawn D. Cartwright								
Date 4/21/2006 Telephone								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.								
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PTC/SB/81 (01-06)

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

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Application Number	09/676,448					
Filing Date	September 29, 2000					
First Named Inventor	Cartwright					
Title	System and Method for Obtaining					
Art Unit	3621					
Examiner Name	Hewitt II, Calvin					
Attorney Docket Number	CRTW-0004					

I hereby revoke all previous powers of attorney given in the above-identified application.										
l her	eby appoint:									
Practitioners associated with the Customer Number:										
	OR .		L							
$\square$	Practitioner(s) named below:									
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	Alison B. Weis:	perg				45	,206			İ
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	lour attorney(s) mark Office con		<ul><li>(s) to prosecute the application identified rerewith.</li></ul>	above	, and to	transact all busin	ess in the	Unite	d States Patent an	d
Pleas	e recognize or c	nange th	e correspondence address for the above	-identi	fied appl	lication to:				
		associal	ted with the above-mentioned Customer	Numb	er:		_			
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<b>Z</b>	tne: Applicant/Inve	entor.								
Assignee of record of the entire interest. See 37 CFR \$1.  Statement under 37 CFR \$175(p) is enclosed. (Form/PTO/SB/96)										
SIGNATURE of Applicant of Assigned of Record										
Signa			All Cu		×4		Date	_ _	4/21/2	90G
Name		Shawn	Cartwright	_/			Telephone	<u> </u>	-/ /	
Title and Company								-		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms it more than one signature is required, see below.										
	*Total of		forms are submitted.							

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